



Application for Traffic Engineering Permit

Development Services
Department
90 E. Civic Center Dr.
Gilbert, AZ 85296
(480) 503-6700-Phone
www.gilbertaz.gov
traffic.workzones@gilbertaz.gov

Permit Number TRF-

Engineering Permit Number ENG

Project Name/Subdivision _____

Address _____

Crossroads _____ (On) _____ (Between) _____ and _____

Owner (Name) _____ (Phone) _____
(Address) _____

Contractor Performing Work (Name) _____
(Address) _____

Contact Name _____
(Person responsible to pick up approved permit)

Email _____ Phone _____

Type of Project(s) ***Work On/Near a Roadway Requires Traffic Engineering Permit***

☐ Traffic Striping

☐ Traffic Signal

☐ Traffic Calming Device

☐ Traffic Signing

☐ Oversize Load

☐ Traffic Signal Interconnect

*Need Range Numbers? Yes or No

☐ Haul Route

☐ Traffic Control/Work Zone

Description of work _____

Permit will not be issued until a signed application and fees have been collected.

****I REQUEST THAT GILBERT PERFORM ALL NECESSARY INSPECTIONS RELATED TO GRANTING THIS PERMIT****

****I HAVE READ AND UNDERSTAND THE REQUIREMENTS ASSOCIATED WITH THIS PERMIT ****

****I HAVE ATTACHED THE REQUIRED CERTIFICATE OF INSURANCE****

In order to provide excellent service to the Town of Gilbert's customers, each submittal shall meet the minimum requirements as listed on this form, or your submittal will not be accepted by the Development Services Department staff.

Customer/Authorized Agent signature: _____ Date: _____

TOWN USE ONLY

Inspector _____

Approved By _____

Permit Fees \$ _____



Application for Traffic Control Plan

Development Services

Department

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☐ NEW APPLICATION ☐ REVISED APPLICATION ☐ REVISED TRAFFIC CONTROL PLAN

TRF _____

Contractor Information

Company Name _____

Phone #: _____

Contact Person: _____

Foreman: _____

Phone #: _____

Cellular #: _____

**Barricade Company
Information**

Name: _____

Phone #: _____

TCP Prepared By: _____

Contact #: _____

Location Information

At/From: _____

Estimated Start Date: _____

Hours of Operation:

☐ 24-Hour

☐ Nighttime

On Road: _____

To: _____

Estimated End Date: _____

☐ Non-Peak 8:30am-3:30PM

☐ Other

******ATTACH TRAFFIC CONTROL PLAN******

Approval Information

☐ Approved as Submitted

☐ Approved W/Changes Noted

☐ Denied

Gilbert Police Officer Required

☐ YES ☐ NO

Traffic Engineering signature

Reviewed By:

☐ Tad Fagerholm 480-226-6466

☐ John Morgan 480-503-6847

Signature of Town Official Reviewing Traffic Control Plan

Date

Approval of this plan is based upon the information obtained at the time of the submittal. Approval of this TCP does not relieve the contractor of their responsibility to maintain the work zone/jobsite in a safe manner. At the end of each work day, the contractor shall ensure that all excavation is properly marked and protected, and that all traffic control devices that are no longer needed are removed from the Town's right-of-way.

DO NOT WRITE BELOW THIS LINE

Permit Number: _____

Comments: _____